

07-09-1999

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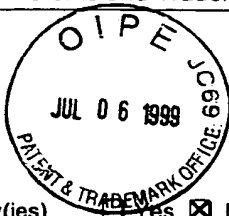
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1. Name of conveying party(ies):

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Additional names(s) of conveying party(ies)

☐ Yes ☒ No

2. Name and address of receiving party(ies):

Name: CEDAR-SINAI MEDICAL CENTER

Internal Address: _____

Street Address: 8700 Beverly Boulevard

City: Los Angeles State: CA ZIP: 90048

3. Nature of conveyance:

☒ Assignment

☐ Merger

☐ Security Agreement

☐ Change of Name

☐ Other _____

Execution Date: 6/7/99, 6/18/99, 6/22/99

Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or registration numbers(s):

If this document is being filed together with a new application, the execution date of the application is: _____

A. Patent Application No.(s)

09/299,817
filed 4/26/99

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Edward G. Poplawski, Esq.

Internal Address: Pretty, Schroeder & Poplawski, P.C.

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Street Address: 444 South Flower Street - 19th Floor

City: Los Angeles State: CA ZIP: 90071

6. Total number of applications and patents involved: 1

7. Total fee (37 CFR 3.41):.....\$ 40.00

☒ Enclosed - Any excess or insufficiency should be credited or debited to deposit account

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16-2460

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9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Nisan A. Steinberg, Ph.D., Reg. No. 40,345

Name of Person Signing

Nisan A. Steinberg

Signature

July 2, 1999

Date

Total number of pages including cover sheet, attachments, and document: 6



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